



General Assembly

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Amendment

LCO No. 7922

HB0671307922HDO

Offered by:

REP. SAYERS, 60th Dist.

SEN. MURPHY, 16th Dist.

To: Subst. House Bill No. 6713

File No. 465

Cal. No. 342

**"AN ACT CONCERNING REVISIONS TO DEPARTMENT OF
PUBLIC HEALTH STATUTES."**

1 After the last section, add the following and renumber sections and
2 internal references accordingly:

3 "Sec. 501. Section 7-68 of the general statutes is repealed and the
4 following is substituted in lieu thereof (*Effective from passage*):

5 On receipt by the registrar of vital statistics of any town of a
6 certificate of death containing the facts required by section 7-65 for a
7 permit for burial, or when it appears that such certificate is already a
8 matter of record, or that the original burial permit, by virtue of which
9 the body of any deceased person was brought into such town, is on file
10 or recorded in such registrar's office, the registrar, upon request, shall
11 issue a permit for the disinterment or removal of such body to [the
12 responsible] a licensed funeral director or embalmer [, as indicated on
13 the death certificate or burial permit,] or to an individual designated
14 on an order from a judge of the Superior Court or judge of probate, as

15 provided in section 19a-413, stating therein the locality of the
16 interment, disinterment or removal; but no permit for the disinterment
17 of the body of any deceased person shall be issued in any case where
18 death was caused by a communicable disease, except by the
19 permission and under the direction of the town director of health.

20 Sec. 502. Subsection (c) of section 19a-14 of the general statutes is
21 repealed and the following is substituted in lieu thereof (*Effective*
22 *October 1, 2005*):

23 (c) No board shall exist for the following professions that are
24 licensed or otherwise regulated by the Department of Public Health:

- 25 (1) Speech and language pathologist and audiologist;
- 26 (2) Hearing instrument specialist;
- 27 (3) Nursing home administrator;
- 28 (4) Sanitarian;
- 29 (5) Subsurface sewage system installer or cleaner;
- 30 (6) Marital and family therapist;
- 31 (7) Nurse-midwife;
- 32 (8) Licensed clinical social worker;
- 33 (9) Respiratory care practitioner;
- 34 (10) Asbestos contractor and asbestos consultant;
- 35 (11) Massage therapist;
- 36 (12) Registered nurse's aide;
- 37 (13) Radiographer;
- 38 (14) Dental hygienist;

- 39 (15) Dietitian-Nutritionist;
- 40 (16) Asbestos abatement worker;
- 41 (17) Asbestos abatement site supervisor;
- 42 (18) Licensed or certified alcohol and drug counselor;
- 43 (19) Professional counselor;
- 44 (20) Acupuncturist;
- 45 (21) Occupational therapist and occupational therapist assistant;
- 46 (22) Lead abatement contractor, lead consultant contractor, lead
47 consultant, lead abatement supervisor, lead abatement worker,
48 inspector and planner-project designer;
- 49 (23) Emergency medical technician, emergency medical technician-
50 intermediate, medical response technician and emergency medical
51 services instructor; and
- 52 (24) Paramedic.

53 The department shall assume all powers and duties normally vested
54 with a board in administering regulatory jurisdiction over such
55 professions. The uniform provisions of this chapter and chapters 368v,
56 369 to 381a, inclusive, 383 to 388, inclusive, 393a, 395, 398, 399, 400a
57 and 400c, including, but not limited to, standards for entry and
58 renewal; grounds for professional discipline; receiving and processing
59 complaints; and disciplinary sanctions, shall apply, except as otherwise
60 provided by law, to the professions listed in this subsection.

61 Sec. 503. Subsection (c) of section 19a-14 of the general statutes, as
62 amended by section 8 of public act 00-226, is repealed and the
63 following is substituted in lieu thereof (*Effective on and after the later of*
64 *October 1, 2000, or the date notice is published by the Commissioner of Public*
65 *Health in the Connecticut Law Journal indicating that the licensing of athletic*
66 *trainers and physical therapist assistants is being implemented by the*

67 *commissioner*):

68 (c) No board shall exist for the following professions that are
69 licensed or otherwise regulated by the Department of Public Health:

70 (1) Speech and language pathologist and audiologist;

71 (2) Hearing instrument specialist;

72 (3) Nursing home administrator;

73 (4) Sanitarian;

74 (5) Subsurface sewage system installer or cleaner;

75 (6) Marital and family therapist;

76 (7) Nurse-midwife;

77 (8) Licensed clinical social worker;

78 (9) Respiratory care practitioner;

79 (10) Asbestos contractor and asbestos consultant;

80 (11) Massage therapist;

81 (12) Registered nurse's aide;

82 (13) Radiographer;

83 (14) Dental hygienist;

84 (15) Dietitian-Nutritionist;

85 (16) Asbestos abatement worker;

86 (17) Asbestos abatement site supervisor;

87 (18) Licensed or certified alcohol and drug counselor;

88 (19) Professional counselor;

- 89 (20) Acupuncturist;
- 90 (21) Occupational therapist and occupational therapist assistant;
- 91 (22) Lead abatement contractor, lead consultant contractor, lead
92 consultant, lead abatement supervisor, lead abatement worker,
93 inspector and planner-project designer;
- 94 (23) Emergency medical technician, emergency medical technician-
95 intermediate, medical response technician and emergency medical
96 services instructor;
- 97 (24) Paramedic; and
- 98 (25) Athletic trainer.

99 The department shall assume all powers and duties normally vested
100 with a board in administering regulatory jurisdiction over such
101 professions. The uniform provisions of this chapter and chapters 368v,
102 369 to 381a, inclusive, 383 to 388, inclusive, 393a, 395, 398, 399, 400a
103 and 400c, including, but not limited to, standards for entry and
104 renewal; grounds for professional discipline; receiving and processing
105 complaints; and disciplinary sanctions, shall apply, except as otherwise
106 provided by law, to the professions listed in this subsection.

107 Sec. 504. Subsection (b) of section 19a-112a of the general statutes is
108 repealed and the following is substituted in lieu thereof (*Effective July*
109 *1, 2005*):

110 (b) (1) For the purposes of this section, "protocol" means the state of
111 Connecticut Technical Guidelines for Health Care Response to Victims
112 of Sexual Assault, including the Interim Sexual Assault Toxicology
113 Screen Protocol, as revised from time to time and as incorporated in
114 regulations adopted in accordance with subdivision (2) of this
115 subsection, pertaining to the collection of evidence in any sexual
116 assault investigation.

117 (2) The commission shall recommend the protocol to the Chief

118 State's Attorney for adoption as regulations in accordance with the
119 provisions of chapter 54. Such protocol shall include nonoccupational
120 post-exposure prophylaxis for human immunodeficiency virus (nPEP),
121 as recommended by the National Centers for Disease Control. The
122 commission shall annually review the protocol and may annually
123 recommend changes to the protocol for adoption as regulations.

124 Sec. 505. Subdivision (9) of section 19a-177 of the general statutes is
125 repealed and the following is substituted in lieu thereof (*Effective from*
126 *passage*):

127 (9) (A) Establish rates for the conveyance of patients by licensed
128 ambulance services and invalid coaches and establish emergency
129 service rates for certified ambulance services, provided (i) the present
130 rates established for such services and vehicles shall remain in effect
131 until such time as the commissioner establishes a new rate schedule as
132 provided in this subdivision, and (ii) any rate increase not in excess of
133 the Medical Care Services Consumer Price Index, as published by the
134 Bureau of Labor Statistics of the United States Department of Labor,
135 for the prior year, filed in accordance with subparagraph (B)(iii) of this
136 subdivision shall be deemed approved by the commissioner. [; (B)
137 adopt]

138 (B) Adopt regulations, in accordance with the provisions of chapter
139 54, establishing methods for setting rates and conditions for charging
140 such rates. Such regulations shall include, but not be limited to,
141 provisions requiring that on and after July 1, 2000: (i) Requests for rate
142 increases may be filed no more frequently than once a year, except
143 that, in any case where an agency's schedule of maximum allowable
144 rates falls below that of the Medicare allowable rates for that agency,
145 the commissioner shall immediately amend such schedule so that the
146 rates are at or above the Medicare allowable rates; (ii) only licensed
147 ambulance services and certified ambulance services that apply for a
148 rate increase in excess of the Medical Care Services Consumer Price
149 Index, as published by the Bureau of Labor Statistics of the United
150 States Department of Labor, for the prior year, and do not accept the

151 maximum allowable rates contained in any voluntary state-wide rate
152 schedule established by the commissioner for the rate application year
153 shall be required to file detailed financial information with the
154 commissioner, provided any hearing that the commissioner may hold
155 concerning such application shall be conducted as a contested case in
156 accordance with chapter 54; (iii) licensed ambulance services and
157 certified ambulance services that do not apply for a rate increase in any
158 year in excess of the Medical Care Services Consumer Price Index, as
159 published by the Bureau of Labor Statistics of the United States
160 Department of Labor, for the prior year, or that accept the maximum
161 allowable rates contained in any voluntary state-wide rate schedule
162 established by the commissioner for the rate application year shall, not
163 later than July fifteenth of such year, file with the commissioner a
164 statement of emergency and nonemergency call volume, and, in the
165 case of a licensed ambulance service or certified ambulance service that
166 is not applying for a rate increase, a written declaration by such
167 licensed ambulance service or certified ambulance service that no
168 change in its currently approved maximum allowable rates will occur
169 for the rate application year; and (iv) detailed financial and operational
170 information filed by licensed ambulance services and certified
171 ambulance services to support a request for a rate increase in excess of
172 the Medical Care Services Consumer Price Index, as published by the
173 Bureau of Labor Statistics of the United States Department of Labor,
174 for the prior year, shall cover the time period pertaining to the most
175 recently completed fiscal year and the rate application year of the
176 licensed ambulance service or certified ambulance service. [; and (C)
177 establish]

178 (C) Establish rates for licensed ambulance services and certified
179 ambulance services for the following services and conditions: (i)
180 "Advanced life support assessment" and "specialty care transports",
181 which terms shall have the meaning provided in 42 CFR 414.605; and
182 (ii) intramunicipality mileage, which means mileage for an ambulance
183 transport when the point of origin and final destination for a transport
184 is within the boundaries of the same municipality. The rates

185 established by the commissioner for each such service or condition
186 shall be equal to (I) the ambulance service's base rate plus its
187 established advanced life support/paramedic surcharge when
188 advanced life support assessment services are performed; (II) two
189 hundred twenty-five per cent of the ambulance service's established
190 base rate for specialty care transports; and (III) "loaded mileage", as the
191 term is defined in 42 CFR 414.605, multiplied by the ambulance
192 service's established rate for intramunicipality mileage. Such rates shall
193 remain in effect until such time as the commissioner establishes a new
194 rate schedule as provided in this subdivision.

195 Sec. 506. Subsection (c) of section 20-7a of the general statutes is
196 repealed and the following is substituted in lieu thereof (*Effective*
197 *October 1, 2005*):

198 (c) Each practitioner of the healing arts who (1) has an ownership or
199 investment interest in an entity [which] that provides diagnostic or
200 therapeutic services, or (2) receives compensation or remuneration for
201 referral of such patient to an entity [which] that provides diagnostic or
202 therapeutic services shall disclose such interest to any patient prior to
203 referring such patient to such entity for diagnostic or therapeutic
204 services and provide reasonable referral alternatives. Such information
205 shall be verbally disclosed to each patient or shall be posted in a
206 conspicuous place visible to patients in the practitioner's office. The
207 posted information shall list the therapeutic and diagnostic services in
208 which the practitioner has an ownership or investment interest and
209 therapeutic and diagnostic services from which the practitioner
210 receives compensation or remuneration for referrals and state that
211 alternate referrals will be made upon request. Therapeutic services
212 include physical therapy, radiation therapy, intravenous therapy and
213 rehabilitation services including physical therapy, occupational
214 therapy or speech and language pathology or any combination
215 [thereof] of such therapeutic services. This subsection shall not apply
216 to in-office ancillary services. As used in this subsection, "ownership or
217 investment interest" [shall] does not include ownership of investment
218 securities purchased by the practitioner on terms available to the

219 general public and [which] that are publicly traded; and "entity
220 [which] that provides diagnostic or therapeutic services" [shall
221 include] includes services provided by an entity within a hospital but
222 [which] that is not owned by the hospital. Violation of this subsection
223 [shall constitute] constitutes conduct subject to disciplinary action
224 under subdivision (6) of subsection (a) of section 19a-17.

225 Sec. 507. Section 20-86b of the general statutes is repealed and the
226 following is substituted in lieu thereof (*Effective from passage*):

227 A clinical practice relationship shall exist between each nurse-
228 midwife and an obstetrician-gynecologist and shall be based upon
229 mutually agreed upon medical guidelines and protocols. Such
230 protocols shall be in writing and contain a list of medications, devices
231 and laboratory tests [which] that may be prescribed, dispensed or
232 administered by the nurse-midwife. Such protocols shall be [filed
233 with] provided to the Department of Public Health upon request of the
234 department. The term "directed" does not necessarily imply the
235 physical presence of an obstetrician-gynecologist while care is being
236 given by a nurse-midwife. Each nurse-midwife shall sign the birth
237 certificate of each infant delivered by the nurse-midwife. A nurse-
238 midwife may make the actual determination and pronouncement of
239 death of an infant delivered by the nurse-midwife provided: (1) The
240 death is an anticipated death; (2) the nurse-midwife attests to such
241 pronouncement on the certificate of death; and (3) the nurse-midwife
242 or a physician licensed pursuant to chapter 370 certifies the certificate
243 of death not later than twenty-four hours after such pronouncement.

244 Sec. 508. Section 20-122 of the general statutes is repealed and the
245 following is substituted in lieu thereof (*Effective from passage*):

246 (a) No person, except a licensed and registered dentist, and no
247 corporation, except a professional service corporation organized and
248 existing under chapter 594a for the purpose of rendering professional
249 dental services, and no institution shall own or operate a dental office,
250 or an office, laboratory or operation or consultation room in which

251 dental medicine, dental surgery or dental hygiene is carried on as a
252 portion of its regular business; but the provisions of this section [shall]
253 do not apply to hospitals, community health centers, public or
254 parochial schools, or convalescent homes, or institutions under control
255 of an agency of the state of Connecticut, or the state or municipal
256 board of health, or a municipal board of education; or those
257 educational institutions treating their students, or to industrial
258 institutions or corporations rendering treatment to their employees on
259 a nonprofit basis, provided permission [therefor] for such treatment
260 has been granted by the State Dental Commission. Such permission
261 may be revoked for cause after hearing by said commission.

262 (b) Any licensed practitioner who provides dental services in a
263 dental office or other location in violation of subsection (a) of this
264 section shall be subject to disciplinary action under sections 20-114 and
265 19a-17.

266 (c) Notwithstanding the provisions of subsections (a) and (b) of this
267 section or chapter 594a, a professional service corporation whose
268 capital stock is held by or under the control of a personal
269 representative or the estate of a deceased or incompetent dentist may
270 operate a dental office or other location for the purpose of rendering
271 professional dental services for a reasonable period of time, not to
272 exceed eighteen months from the date of the dentist's death or the date
273 the dentist is lawfully determined to be incompetent, whichever is
274 applicable.

275 Sec. 509. Section 20-206d of the general statutes is amended by
276 adding subsection (c) as follows (*Effective from passage*):

277 (NEW) (c) No provision of this chapter shall be construed to
278 prohibit an out-of-state massage therapist who (1) is licensed or
279 certified in another state whose standards for licensure or certification
280 are equivalent to or greater than those required in this state, or (2) if
281 licensure or certification is not required in such other state, is a
282 member in good standing of the American Massage Therapy

283 Association, from providing uncompensated massage therapy services
284 during the Special Olympics or similar athletic competitions for
285 persons with disabilities, provided such out-of-state massage therapist
286 (A) does not represent himself or herself to be a Connecticut licensed
287 massage therapist; (B) provides massage therapy under the
288 supervision of a Connecticut licensed massage therapist; and (C) only
289 provides massage therapy to persons participating in the Special
290 Olympics or similar athletic competitions for persons with disabilities.

291 Sec. 510. Section 20-408 of the general statutes is repealed and the
292 following is substituted in lieu thereof (*Effective October 1, 2005*):

293 As used in this chapter, unless the context otherwise requires:

294 (1) "The practice of speech and language pathology" means the
295 application of principles, methods and procedures for the
296 measurement, testing, diagnosis, prediction, counseling or instruction
297 relating to the development and disorders of speech, voice or language
298 or feeding and swallowing or other upper aerodigestive functions for
299 the purpose of diagnosing, preventing, treating, ameliorating or
300 modifying such disorders and conditions in individuals or groups of
301 individuals.

302 (2) "Licensed speech and language pathologist" means a person
303 licensed under this chapter to practice speech and language pathology.

304 (3) "The practice of audiology" means the application of principles,
305 methods and procedures of measurement, testing, appraisal,
306 prediction, consultation, counseling and the determination and use of
307 appropriate amplification related to hearing and disorders of hearing,
308 including the fitting or selling of hearing aids, for the purpose of
309 modifying communicative disorders involving speech, language,
310 auditory function or other aberrant behavior related to hearing loss.

311 (4) "Licensed audiologist" means a person licensed under this
312 chapter to practice audiology.

313 (5) "Commissioner" means the Commissioner of Public Health.

314 (6) "Department" means the Department of Public Health.

315 Sec. 511. Section 20-410 of the general statutes is repealed and the
316 following is substituted in lieu thereof (*Effective October 1, 2005*):

317 No person shall engage in or offer to engage in the practice of
318 speech and language pathology or audiology or represent himself as a
319 speech and language pathologist or audiologist in this state unless [he]
320 such person is licensed or exempted under the provisions of this
321 chapter.

322 Sec. 512. Section 20-411 of the general statutes is repealed and the
323 following is substituted in lieu thereof (*Effective October 1, 2005*):

324 (a) Except as provided in subsection (b) of this section no person
325 shall be licensed under this chapter until he has successfully passed a
326 written examination, the subject and scope of which shall be
327 determined by the commissioner. Application for such examination
328 shall be on forms prescribed and furnished by the department and
329 accompanied by satisfactory proof that he: (1) Is of good professional
330 character; (2) possesses a master's or doctorate degree in speech and
331 language pathology or audiology from a program accredited, at the
332 time of the applicant's graduation, by the educational standards board
333 of the American Speech-Language Hearing Association or such
334 successor organization as may be approved by the department, or has
335 completed an integrated educational program which, at the time of the
336 applicant's completion, satisfied the educational requirements of said
337 organization for the award of a certificate of clinical competence; (3)
338 has had a minimum of thirty-six weeks and one thousand eighty hours
339 of full-time or a minimum of forty-eight weeks and one thousand four
340 hundred forty hours of part-time professional employment in speech
341 and language pathology or audiology under the supervision of a
342 licensed or certified speech and language pathologist or audiologist.
343 Such employment shall follow the completion of the educational
344 requirements of subdivision (2) of this subsection. Persons engaged in

345 such employment under the direct supervision of a person holding a
346 valid hearing instrument specialist's license or as an audiologist under
347 this chapter who is authorized to fit and sell hearing aids pursuant to
348 section 20-398 shall not be required to obtain a temporary permit
349 pursuant to section 20-400. Full-time employment means a minimum
350 of thirty hours a week and part-time employment means a minimum
351 of fifteen hours a week.

352 (b) The commissioner may waive the written examination for any
353 person who (1) is licensed as a speech and language pathologist or
354 audiologist in another state and such state has licensing requirements
355 at least equivalent to the requirements in this state; or (2) holds a
356 certificate from a national professional organization, approved by the
357 commissioner, in speech and language pathology or audiology.

358 Sec. 513. Section 20-412 of the general statutes is repealed and the
359 following is substituted in lieu thereof (*Effective October 1, 2005*):

360 The fee for an initial license as provided for in section 20-411, as
361 amended by this act, as a speech and language pathologist or
362 audiologist shall be one hundred dollars and for a combined license as
363 a speech and language pathologist and audiologist shall be one
364 hundred eighty dollars. Licenses shall expire in accordance with
365 section 19a-88 and shall become invalid unless renewed. Renewal may
366 be effected upon payment of a fee of one hundred dollars and in
367 accordance with section 19a-88.

368 Sec. 514. Section 20-413 of the general statutes is repealed and the
369 following is substituted in lieu thereof (*Effective October 1, 2005*):

370 Nothing in this chapter shall be construed as prohibiting:

371 (1) Consulting with or disseminating research findings and scientific
372 information to accredited academic institutions or governmental
373 agencies or offering lectures to the public for a fee, monetary or
374 otherwise;

375 (2) The activities and services of a graduate student or speech and
376 language pathology intern in speech and language pathology pursuing
377 a course of study leading to a graduate degree in speech and language
378 pathology at an accredited or approved college or university or a
379 clinical training facility approved by the department, provided these
380 activities and services constitute a part of his supervised course of
381 study and that such person is designated as "Speech and Language
382 Pathology Intern", "Speech and Language Pathology Trainee", or other
383 such title clearly indicating the training status appropriate to his level
384 of training;

385 (3) The activities and services of a graduate student or audiology
386 intern in audiology at an accredited or approved college or university
387 or a clinical training facility approved by the department, provided
388 these activities and services constitute a part of his supervised course
389 of study and that such person is designated as "Audiology Intern",
390 "Audiology Trainee", or other such title clearly indicating the training
391 status appropriate to his level of training;

392 (4) (A) A person from another state offering speech and language
393 pathology or audiology services in this state, provided such services
394 are performed for no more than five days in any calendar year and
395 provided such person meets the qualifications and requirements for
396 licensing in this state; or (B) a person from another state who is
397 licensed or certified as a speech and language pathologist or
398 audiologist by a similar authority of another state, or territory of the
399 United States, or of a foreign country or province whose standards are
400 equivalent to or higher than, at the date of his certification or licensure,
401 the requirements of this chapter and regulations adopted hereunder,
402 or a person who meets such qualifications and requirements and
403 resides in a state or territory of the United States, or a foreign country
404 or province which does not grant certification or license to speech and
405 language pathologists or audiologists, from offering speech and
406 language pathology or audiology services in this state for a total of not
407 more than thirty days in any calendar year;

408 (5) The activities and services of a person who meets the
409 requirements of subdivisions (1) and (2) of subsection (a) of section 20-
410 411, as amended by this act, while such person is engaged in full or
411 part-time employment in fulfillment of the professional employment
412 requirement of subdivision (3) of said subsection (a);

413 (6) Nurses and other personnel from engaging in screening and
414 audiometric testing, under the supervision of a licensed physician,
415 surgeon or audiologist, for the purpose of identifying those persons
416 whose sensitivity of hearing is below the standard acceptable level;

417 (7) The activity and services of hearing instrument specialists;

418 (8) The use of supervised support personnel to assist licensed
419 speech and language pathologists with tasks that are (A) designed by
420 the licensed speech and language pathologists being assisted, (B)
421 routine, and (C) related to maintenance of assistive and prosthetic
422 devices, recording and charting or implementation of evaluation or
423 intervention plans. For purposes of this subdivision, "supervised"
424 means (i) not more than three support personnel are assisting one
425 licensed speech and language pathologist, (ii) in-person
426 communication between the licensed speech and language pathologist
427 and support personnel is available at all times, and (iii) the licensed
428 speech and language pathologist provides the support personnel with
429 regularly scheduled direct observation, guidance, direction and
430 conferencing for not less than thirty per cent of client contact time for
431 the support personnel's first ninety workdays and for not less than
432 twenty per cent of client contact time thereafter.

433 Sec. 515. Section 20-416 of the general statutes is repealed and the
434 following is substituted in lieu thereof (*Effective October 1, 2005*):

435 (a) Proceedings under this chapter and any appeals from the
436 decisions or orders of the commissioner shall be in accordance with the
437 provisions of chapter 54 and the regulations adopted by the
438 Commissioner of Public Health.

439 (b) The department shall adopt regulations in accordance with
440 chapter 54 for the administration of this chapter and for the conduct of
441 the practice of speech and language pathology and audiology.

442 Sec. 516. Subsection (a) of section 46a-11b of the general statutes is
443 repealed and the following is substituted in lieu thereof (*Effective*
444 *October 1, 2005*):

445 (a) Any physician or surgeon licensed under the provisions of
446 chapter 370, any resident physician or intern in any hospital in this
447 state, whether or not so licensed, any registered nurse, any person paid
448 for caring for persons in any facility and any licensed practical nurse,
449 medical examiner, dental hygienist, dentist, occupational therapist,
450 optometrist, chiropractor, psychologist, podiatrist, social worker,
451 school teacher, school principal, school guidance counselor, school
452 paraprofessional, mental health professional, physician assistant,
453 licensed or certified substance abuse counselor, licensed marital and
454 family therapist, speech and language pathologist, clergyman, police
455 officer, pharmacist, physical therapist, licensed professional counselor
456 or sexual assault counselor or battered women's counselor, as defined
457 in section 52-146k, who has reasonable cause to suspect or believe that
458 any person with mental retardation has been abused or neglected
459 shall, as soon as practicable but not later than seventy-two hours after
460 such person has reasonable cause to suspect or believe that a person
461 with mental retardation has been abused or neglected, report such
462 information or cause a report to be made in any reasonable manner to
463 the director or persons the director designates to receive such reports.
464 Such initial report shall be followed up by a written report not later
465 than five calendar days after the initial report was made. Any person
466 required to report under this subsection who fails to make such report
467 shall be fined not more than five hundred dollars.

468 Sec. 517. (NEW) (*Effective from passage*) (a) The Commissioner of
469 Consumer Protection shall convene a working group comprised of the
470 Commissioners of Consumer Protection and Emergency Management
471 and Homeland Security, or their designees, a member of the

472 Commission of Pharmacy, the chairpersons of the joint standing
473 committee of the General Assembly having cognizance of matters
474 relating to public health, or their designees, and representatives of
475 retail drug establishments, independent pharmacies and
476 pharmaceutical manufacturers. The working group shall be
477 responsible for submitting recommendations to the Governor and to
478 the joint standing committee of the General Assembly having
479 cognizance of matters relating to public health concerning the
480 development and implementation of a program to authenticate the
481 pedigree of prescription drugs distributed in this state.

482 (b) For purposes of this section, (1) "authenticate" means to
483 affirmatively verify, before any distribution of a prescription drug
484 occurs, that each transaction listed on the pedigree has occurred; (2)
485 "pedigree" means a document or electronic file containing information
486 that records each distribution of any given prescription drug, from sale
487 by a pharmaceutical manufacturer, through acquisition and sale by
488 any wholesale distributor or repackager, until final sale to a pharmacy
489 or other person dispensing or administering the prescription drug; and
490 (3) "prescription drug" means any drug, including any biological
491 product, except for blood and blood components intended for
492 transfusion or biological products that are also medical devices
493 required by federal law or regulations, to be dispensed only by a
494 prescription, including finished dosage forms and bulk drug
495 substances subject to Section 503(b) of the federal Food, Drug and
496 Cosmetic Act.

497 Sec. 518. Subdivision (2) of subsection (c) of section 19a-127l of the
498 general statutes is repealed and the following is substituted in lieu
499 thereof (*Effective October 1, 2005*):

500 (2) Said committee shall create a standing subcommittee on best
501 practices. The subcommittee shall (A) advise the department on
502 effective methods for sharing with providers the quality improvement
503 information learned from the department's review of reports and
504 corrective action plans, including quality improvement practices,

505 patient safety issues and preventative strategies, and (B) not later than
506 January 1, 2006, review and make recommendations concerning best
507 practices with respect to when breast cancer screening should be
508 conducted using comprehensive ultrasound screening or mammogram
509 examinations. The department shall, at least quarterly, disseminate
510 information regarding quality improvement practices, patient safety
511 issues and preventative strategies to the subcommittee and hospitals.

512 Sec. 519. (*Effective from passage*) Notwithstanding the provisions of
513 chapter 386 of the general statutes, during the period commencing on
514 the effective date of this section and ending thirty days after said
515 effective date, the Department of Public Health shall issue a license as
516 a barber to any applicant who presents evidence satisfactory to the
517 department that the applicant (1) was employed under the direction of
518 a professional barber in Portugal for a period of not less than five
519 years, (2) subsequent to such employment, served for not less than
520 three years in the Armed Forces of Portugal prior to January 1978, and
521 (3) has completed a course of not less than six hundred hours of study
522 in a school approved in accordance with the provisions of said chapter
523 386.

524 Sec. 520. Subsection (b) of section 19a-515 of the general statutes is
525 repealed and the following is substituted in lieu thereof (*Effective*
526 *October 1, 2005*):

527 (b) Each licensee shall complete a minimum of forty hours of
528 continuing education every two years. Such two-year period shall
529 commence on the first date of renewal of the licensee's license after
530 January 1, 2004. The continuing education shall be in areas related to
531 the licensee's practice. Qualifying continuing education activities are
532 courses offered or approved by the Connecticut Association of
533 Healthcare Facilities, the Connecticut Association of Not-For-Profit
534 Providers for the Aging, the Connecticut Chapter of the American
535 College of Health Care Administrators, the Association For Long Term
536 Care Financial Managers, any accredited college or university, or
537 programs presented or approved by the National Continuing

538 Education Review Service of the National Association of Boards of
539 Examiners of Long Term Care Administrators, or by federal or state
540 departments or agencies.

541 Sec. 521. Section 20-220 of the general statutes is repealed and the
542 following is substituted in lieu thereof (*Effective from passage*):

543 Except as provided in section 20-223, no person shall carry on or
544 engage in the business of funeral directing, or hold himself out to the
545 public as a funeral director, unless he is licensed by the Department of
546 Public Health as a funeral director and unless he owns his business of
547 funeral directing or is an employee or member of a firm, partnership or
548 corporation operating a funeral directing business at an established
549 place of business, for which place of business there has been issued a
550 certificate of inspection by said department as provided in section 20-
551 222. Facilities that accept bodies for anatomical purposes pursuant to
552 section 19a-270 are exempt from this section.

553 Sec. 522. Section 20-230 of the general statutes is repealed and the
554 following is substituted in lieu thereof (*Effective from passage*):

555 No person, firm, association or corporation shall engage in the
556 business of funeral directing, except in continuing the supervision of a
557 funeral, or in the profession of embalming or the sale of funeral
558 merchandise in or on any cemetery or tax-exempt property. Facilities
559 that accept bodies for anatomical purposes pursuant to section 19a-270
560 are exempt from this section.

561 Sec. 523. Section 2 of public act 05-144 is repealed and the following
562 is substituted in lieu thereof (*Effective October 1, 2005*):

563 (a) For the purposes of this section:

564 (1) "Before or after school program" means any educational or
565 recreational program for children [offered] administered in any
566 building or on the grounds of any school by a local or regional board
567 of education or other municipal agency, [or by a private provider,]

568 before or after regular school hours, or both, but does not include a
569 program that is licensed by the Department of Public Health;

570 (2) "Cartridge injector" means an automatic prefilled cartridge
571 injector or similar automatic injectable equipment used to deliver
572 epinephrine in a standard dose for emergency first aid response to
573 allergic reactions;

574 (3) "Day camp" means any recreational camp program operated by a
575 municipal agency; and

576 (4) "Day care facility" means any child day care center or group day
577 care home, as defined in subdivisions (1) and (2) of subsection (a) of
578 section 19a-77 of the general statutes, that is excluded from the
579 licensing requirements of sections 19a-77 to 19a-87, inclusive, of the
580 general statutes by subsection (b) of section 19a-77 of the general
581 statutes.

582 (b) Upon the request and with the written authorization of the
583 parent or guardian of a child attending any before or after school
584 program, day camp or day care facility, and pursuant to the written
585 order of (1) a physician licensed to practice medicine, (2) a physician
586 assistant licensed to prescribe in accordance with section 20-12d of the
587 general statutes, or (3) an advanced practice registered nurse licensed
588 to prescribe in accordance with sections 20-94a and 20-94b of the
589 general statutes, the owner or operator of such before or after school
590 program, day camp or day care facility shall approve and provide
591 general supervision to an identified staff member trained to administer
592 medication with a cartridge injector to such child if the child has a
593 medically diagnosed allergic condition that may require prompt
594 treatment in order to protect the child against serious harm or death.
595 Such staff member shall be trained in the use of a cartridge injector by
596 a licensed physician, physician's assistant, advanced practice
597 registered nurse or registered nurse [and] or shall complete a course in
598 first aid offered by the American Red Cross, the American Heart
599 Association, the National Ski Patrol, the Department of Public Health

600 or any director of health.

601 Sec. 524. Section 1 of substitute senate bill 934 of the current session
602 is amended by adding subsection (f) as follows: (*Effective from passage*):

603 (NEW) (f) Any person who conducts research involving embryonic
604 stem cells in violation of the requirements of subdivision (2) of
605 subsection (d) of this section shall be fined not more than fifty
606 thousand dollars, or imprisoned not more than five years, or both.

607 Sec. 525. Subdivision (1) of subsection (f) of section 29-315 of the
608 general statutes, as amended by substitute senate bill 1088 of the
609 current session, is repealed and the following is substituted in lieu
610 thereof (*Effective from passage*):

611 (f) (1) Not later than July 31, 2006, each chronic and convalescent
612 nursing home or rest home with nursing supervision licensed
613 pursuant to chapter 368v shall have a complete automatic fire
614 extinguishing system approved by the State Fire Marshal installed
615 throughout such chronic and convalescent nursing home or rest home
616 with nursing supervision. Not later than July 1, 2004, the owner or
617 authorized agent of each such home shall submit plans for the
618 installation of such system, signed and sealed by a licensed
619 professional engineer, to the local fire marshal and building official
620 within whose jurisdiction such home is located or to the State Fire
621 Marshal, as the case may be, and shall apply for a building permit for
622 the installation of such system. The owner or authorized agent shall
623 notify the [Commissioner] Department of Public Health of such
624 submission.

625 (2) On or before July 1, 2005, and quarterly thereafter, each chronic
626 and convalescent nursing home or rest home with nursing supervision
627 licensed pursuant to chapter 368v shall submit a report to the local fire
628 marshal describing progress in installing the automatic fire
629 extinguishing systems required under subsection (a) of this section. In
630 preparing such report each such nursing home or rest home shall
631 conduct a facility risk analysis. Such analysis shall include, but not be

632 limited to, an analysis of the following factors: Type of construction,
633 number of stories and residents, safeguards in the facility, types of
634 patients, travel distance to exits and arrangement of means of egress.
635 After review of the report, the local fire marshal may require the
636 nursing home or rest home to implement alternative fire safety
637 measures to reduce the level of risk to occupants before installation of
638 automatic fire sprinklers is completed.

639 Sec. 526. Section 2 of substitute senate bill 1088 of the current session
640 is repealed and the following is substituted in lieu thereof (*Effective*
641 *from passage*):

642 On or before July 1, 2005, each chronic and convalescent nursing
643 home or rest home with nursing supervision licensed pursuant to
644 chapter 368v of the general statutes shall submit a plan for employee
645 fire safety training and education to the [Commissioners] Departments
646 of Public Health and Public Safety and the Labor Department. Such
647 plan shall, at a minimum, comply with standards adopted by the
648 federal Occupational Safety and Health Administration, including, but
649 not limited to, standards listed in 29 CFR 1910.38, 1910.39 and
650 1910.157, as adopted pursuant to chapter 571 of the general statutes, or
651 29 USC Section 651 et seq., as appropriate. The commissioners shall
652 review each such plan and may make recommendations they deem
653 necessary. Once approved or revised, such plan shall not be required
654 to be resubmitted until further revised or there is a change of
655 ownership of the nursing or rest home.

656 Sec. 527. (*Effective from passage*) (a) There is established an ad hoc
657 committee for the purpose of assisting the Commissioner of Public
658 Health in examining and evaluating the feasibility of establishing a
659 nurse intervention program that would be an alternative, voluntary
660 and private opportunity for the rehabilitation of any nurse licensed
661 pursuant to chapter 378 of the general statutes who (1) has a chemical
662 dependency or mental or physical illness, (2) during his or her
663 participation in such a program does not pose a threat in his or her
664 practice of nursing, to the health and safety of any person, and (3)

665 agrees to have his or her rehabilitation monitored by program staff in
666 lieu of disciplinary action.

667 (b) (1) The ad hoc committee shall consist of the chairpersons and
668 ranking members of the joint standing committee of the General
669 Assembly having cognizance of matters relating to public health and
670 the following members appointed by the commissioner: (A) Two
671 employees of the Department of Public Health, (B) two employees of
672 the Department of Mental Health and Addiction Services, (C) two
673 representatives of the Connecticut State Board of Examiners for
674 Nursing, (D) two representatives of a professional organization
675 representing registered nurses in this state, (E) two representatives of a
676 professional organization representing licensed practical nurses in this
677 state, and (F) two representatives from the nursing community at large
678 with a background in substance abuse issues among nurses. The
679 Commissioner of Public Health, or a designee, shall be an ex-officio
680 member with full voting rights.

681 (2) The Commissioner of Public Health may expand the
682 membership of the ad hoc committee to include representatives from
683 related fields if the commissioner decides such expansion would be
684 useful.

685 (c) On or before February 1, 2006, the Commissioner of Public
686 Health shall submit, in accordance with section 11-4a of the general
687 statutes, the results of the examination, with specific recommendations
688 for statutory changes, if any, to the Governor and the joint standing
689 committee of the General Assembly having cognizance of matters
690 relating to public health.

691 Sec. 528. Subsection (b) of section 19a-77 of the general statutes is
692 repealed and the following is substituted in lieu thereof (*Effective from*
693 *passage*):

694 (b) For licensing requirement purposes, child day care services shall
695 not include such services which are:

696 (1) (A) Administered by a public school system, or (B) administered
697 by a municipal agency or department and located in a public school
698 building;

699 (2) Administered by a private school which is in compliance with
700 section 10-188 and is approved by the State Board of Education or is
701 accredited by an accrediting agency recognized by the State Board of
702 Education;

703 (3) Recreation operations such as, but not limited to, creative art
704 studios for children that offer parent-child recreational programs and
705 classes in music, dance, drama and art that are no longer than two
706 hours in length, library programs, [boys' and girls' clubs,] church-
707 related activities, scouting, camping or community-youth programs;

708 (4) Informal arrangements among neighbors or relatives in their
709 own homes, provided the relative is limited to any of the following
710 degrees of kinship by blood or marriage to the child being cared for or
711 to the child's parent: Child, grandchild, sibling, niece, nephew, aunt,
712 uncle or child of one's aunt or uncle;

713 (5) Drop-in supplementary child care operations for educational or
714 recreational purposes and the child receives such care infrequently
715 where the parents are on the premises;

716 (6) Drop-in supplementary child care operations in retail
717 establishments where the parents are on the premises for retail
718 shopping, in accordance with section 19a-77a, provided that the drop-
719 in supplementary child-care operation does not charge a fee and does
720 not refer to itself as a child day care center; [or]

721 (7) Drop-in programs administered by a nationally chartered boys'
722 and girls' club; or

723 [(7)] (8) Religious educational activities administered by a religious
724 institution exclusively for children whose parents or legal guardians
725 are members of such religious institution.

726 Sec. 529. Subdivision (3) of subsection (d) of section 20-614 of the
727 general statutes is repealed and the following is substituted in lieu
728 thereof (*Effective from passage*):

729 (3) No electronic data intermediary shall operate without the
730 approval of the Commissioner of Consumer Protection. An electronic
731 data intermediary seeking approval shall apply to the Commission of
732 Pharmacy in the manner prescribed by the commissioner. The
733 commissioner, with the advice and assistance of the commission, shall
734 adopt regulations, in accordance with the provisions of chapter 54, to
735 establish criteria for the approval of electronic data intermediaries,
736 [including requirements for] to ensure that (A) [the] procedures to be
737 used for the transmission and retention of prescription data by an
738 intermediary, and (B) mechanisms to be used by an intermediary to
739 safeguard the confidentiality of such data, are consistent with the
740 provisions and purposes of this section.

741 Sec. 530. Section 19a-6e of the general statutes is repealed and the
742 following is substituted in lieu thereof (*Effective from passage*):

743 The Department of Public Health shall establish a registry of data on
744 traumatic brain injury patients. Each hospital, as defined in section
745 19a-490, shall make available to the registry such data concerning each
746 traumatic brain injury patient admitted to such hospital as the
747 Commissioner of Public Health shall require by regulations adopted in
748 accordance with chapter 54. The data contained in such registry may
749 be used by the department and authorized researchers as specified in
750 such regulations, provided [no] personally identifiable information in
751 such registry concerning any such traumatic brain injury patient [may
752 be disclosed by the registry without the written consent of such patient
753 or a person authorized by law to consent on behalf of such patient]
754 shall be held confidential pursuant to section 19a-25. The data
755 contained in the registry shall not be subject to disclosure under the
756 Freedom of Information Act, as defined in section 1-200. The
757 commissioner may enter into a contract with a nonprofit association in
758 this state concerned with the prevention and treatment of brain injuries

759 to provide for the implementation and administration of the registry
760 established pursuant to this section.

761 Sec. 531. Subsection (a) of section 19a-55 of the general statutes is
762 repealed and the following is substituted in lieu thereof (*Effective from*
763 *passage*):

764 (a) The administrative officer or other person in charge of each
765 institution caring for newborn infants shall cause to have administered
766 to every such infant in its care an HIV-related test, as defined in section
767 19a-581, a test for phenylketonuria and other metabolic diseases,
768 hypothyroidism, galactosemia, sickle cell disease, maple syrup urine
769 disease, homocystinuria, biotinidase deficiency, congenital adrenal
770 hyperplasia and such other tests for inborn errors of metabolism as
771 shall be prescribed by the Department of Public Health. The tests shall
772 be administered as soon after birth as is medically appropriate. If the
773 mother has had an HIV-related test pursuant to section 19a-90 or 19a-
774 593, the person responsible for testing under this section may omit an
775 HIV-related test. The Commissioner of Public Health shall (1)
776 administer the newborn screening program, (2) direct persons
777 identified through the screening program to appropriate specialty
778 centers for treatments, consistent with any applicable confidentiality
779 requirements, and (3) set the fees to be charged to institutions to cover
780 all expenses of the comprehensive screening program including
781 testing, tracking and treatment. The fees to be charged pursuant to
782 subdivision (3) of this section shall be set at a minimum of twenty-
783 eight dollars. The commissioner shall adopt regulations, in accordance
784 with chapter 54, [specifying the abnormal conditions to be tested for
785 and the manner of recording and reporting results. On or before
786 January 1, 2004, such regulations] to implement the provisions of this
787 section. The Commissioner of Public Health shall publish a list of all
788 the abnormal conditions for which the department screens newborns
789 under the newborn screening program, which shall include
790 [requirements for testing] screening for amino acid disorders, organic
791 acid disorders and fatty acid oxidation disorders, including, but not
792 limited to, long-chain 3-hydroxyacyl CoA dehydrogenase (L-CHAD)

793 and medium-chain acyl-CoA dehydrogenase (MCAD).

794 Sec. 532. Section 17b-242 of the general statutes, as amended by
795 section 1 of public act 05-118, is repealed and the following is
796 substituted in lieu thereof (*Effective October 1, 2005*):

797 (a) The Department of Social Services shall determine the rates to be
798 paid to home health care agencies and homemaker-home health aide
799 agencies by the state or any town in the state for persons aided or
800 cared for by the state or any such town. For the period from February
801 1, 1991, to January 31, 1992, inclusive, payment for each service to the
802 state shall be based upon the rate for such service as determined by the
803 Office of Health Care Access, except that for those providers whose
804 Medicaid rates for the year ending January 31, 1991, exceed the median
805 rate, no increase shall be allowed. For those providers whose rates for
806 the year ending January 31, 1991, are below the median rate, increases
807 shall not exceed the lower of the prior rate increased by the most
808 recent annual increase in the consumer price index for urban
809 consumers or the median rate. In no case shall any such rate exceed the
810 eightieth percentile of rates in effect January 31, 1991, nor shall any rate
811 exceed the charge to the general public for similar services. Rates
812 effective February 1, 1992, shall be based upon rates as determined by
813 the Office of Health Care Access, except that increases shall not exceed
814 the prior year's rate increased by the most recent annual increase in the
815 consumer price index for urban consumers and rates effective
816 February 1, 1992, shall remain in effect through June 30, 1993. Rates
817 effective July 1, 1993, shall be based upon rates as determined by the
818 Office of Health Care Access except if the Medicaid rates for any
819 service for the period ending June 30, 1993, exceed the median rate for
820 such service, the increase effective July 1, 1993, shall not exceed one
821 per cent. If the Medicaid rate for any service for the period ending June
822 30, 1993, is below the median rate, the increase effective July 1, 1993,
823 shall not exceed the lower of the prior rate increased by one and one-
824 half times the most recent annual increase in the consumer price index
825 for urban consumers or the median rate plus one per cent. The
826 Commissioner of Social Services shall establish a fee schedule for home

827 health services to be effective on and after July 1, 1994. The
828 commissioner may annually increase any fee in the fee schedule based
829 on an increase in the cost of services. The commissioner shall increase
830 the fee schedule for home health services provided under the
831 Connecticut home-care program for the elderly established under
832 section 17b-342, effective July 1, 2000, by two per cent over the fee
833 schedule for home health services for the previous year. The
834 commissioner may increase any fee payable to a home health care
835 agency or homemaker-home health aide agency upon the application
836 of such an agency evidencing extraordinary costs related to (1) serving
837 persons with AIDS; (2) high-risk maternal and child health care; (3)
838 escort services; or (4) extended hour services. In no case shall any rate
839 or fee exceed the charge to the general public for similar services. A
840 home health care agency or homemaker-home health aide agency
841 which, due to any material change in circumstances, is aggrieved by a
842 rate determined pursuant to this subsection may, within ten days of
843 receipt of written notice of such rate from the Commissioner of Social
844 Services, request in writing a hearing on all items of aggrievement. The
845 commissioner shall, upon the receipt of all documentation necessary to
846 evaluate the request, determine whether there has been such a change
847 in circumstances and shall conduct a hearing if appropriate. The
848 Commissioner of Social Services shall adopt regulations, in accordance
849 with chapter 54, to implement the provisions of this subsection. The
850 commissioner may implement policies and procedures to carry out the
851 provisions of this subsection while in the process of adopting
852 regulations, provided notice of intent to adopt the regulations is
853 published in the Connecticut Law Journal within twenty days of
854 implementing the policies and procedures. Such policies and
855 procedures shall be valid for not longer than nine months.

856 (b) The Department of Social Services shall monitor the rates
857 charged by home health care agencies and homemaker-home health
858 aide agencies. Such agencies shall file annual cost reports and service
859 charge information with the department.

860 (c) The home health services fee schedule shall include a fee for the

861 administration of medication, which shall apply when the purpose of a
862 nurse's visit is limited to the administration of medication.
863 Administration of medication may include, but is not limited to, blood
864 pressure checks, glucometer readings, pulse rate checks and similar
865 indicators of health status. The fee for medication administration shall
866 include administration of medications while the nurse is present, the
867 pre-pouring of additional doses that the client will self-administer at a
868 later time and the teaching of self-administration. The department
869 shall not pay for medication administration in addition to any other
870 nursing service at the same visit. The department may establish prior
871 authorization requirements for this service. Before implementing such
872 change, the Commissioner of Social Services shall consult with the
873 chairpersons of the joint standing committees of the General Assembly
874 having cognizance of matters relating to public health and human
875 services.

876 (d) The home health services fee schedule established pursuant to
877 subsection (c) of this section shall include rates for psychiatric nurse
878 visits.

879 (e) The Department of Social Services, when processing or auditing
880 claims for reimbursement submitted by home health care agencies and
881 homemaker-home health aide agencies shall, in accordance with the
882 provisions of chapter 15, accept electronic records and records bearing
883 the electronic signature of [an individual duly authorized by any such
884 agency to submit records to the department] a licensed physician or
885 licensed practitioner of a healthcare profession that has been submitted
886 to the home health care agency or homemaker home-health aide
887 agency.

888 (f) If the electronic record or signature that has been transmitted to a
889 home health care agency or homemaker-home health aide agency is
890 illegible or the department is unable to determine the validity of such
891 electronic record or signature, the department shall review additional
892 evidence of the accuracy or validity of the record or signature,
893 including, but not limited to, (1) the original of the record or signature,

894 or (2) a written statement, made under penalty of false statement, from
895 (A) the licensed physician or licensed practitioner of a health care
896 profession who signed such record, or (B) if such licensed physician or
897 licensed practitioner of a health care profession is unavailable, the
898 medical director of the agency verifying the accuracy or validity of
899 such record or signature, and the department shall make a
900 determination whether the electronic record or signature is valid.

901 [(f)] (g) The Department of Social Services, when auditing claims
902 submitted by home health care agencies and home-maker home health
903 aide agencies, shall consider any signature from a licensed physician
904 or licensed practitioner of a health care profession that may be
905 required on a plan of care for home health services, to have been
906 provided in timely fashion if (1) the document bearing such signature
907 was [provided to such agency] signed prior to the time when such
908 agency seeks reimbursement from the department for services
909 provided, and (2) verbal or telephone orders from the licensed
910 physician or licensed practitioner of a health care profession were
911 received prior to the commencement of services covered by the plan of
912 care and such orders were subsequently documented. Nothing in this
913 subsection shall be construed as limiting the powers of the
914 Commissioner of Public Health to enforce the provisions of sections
915 19-13-D73 and 19-13-D74 of the regulations of Connecticut state
916 agencies and 42 CFR 484.18(c).

917 (h) For purposes of this section, "licensed practitioner of a healthcare
918 profession" has the same meaning as "licensed practitioner" in section
919 21a-244a.

920 Sec. 533. Sections 10a-194e and 17b-256e of the general statutes are
921 repealed. (*Effective July 1, 2005*)"